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MUNICIPALITY	

N.J. DEPARTMENT OF AND PUBLIC SAFETY DIVISION OF CONSUMER AFFAIRS

EGALIZEL) GAMES OF CHANCESCONTROL COMMISSION	ID NO.
	PO BOX 46000, NEWARK, NJ 07101	

INSTANT RAFFLE TICKET REPORT OF OPERATIONS

LIC. NO.

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9.1, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

NAME OF LICENSEE			ADDRESS				LOCATION OF GAMES										
	START END	Date	Name of Game	Form#	Serial #	Distributor	Sales Invoice Number	Size of Deal	Ticket Price	Ideal Payout	Ideal Net. Receipts	Actual Tickets Sold	Gross Receipts	# Tickets Redeemed	Actual Prize \$ Paid Out	Cos t of Dea 1	Net Proceeds
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
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	ENETAR Date		We Z	For	Ser	Dis	Sale	Deili	Риде
15									
16									
17									
	TO	ΓALS							

TOTALS = Lines 1 through 17

ASSISTING IN THE CONDUCT FOR EACH OCCASION.

STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

	IE ADI		CHEDULE OF EXPENS S REQUIRED, ATTACH A SEI		DED
DATE	II ADI		PTION OF USE & CHECK N		AMOUNT
SECTION D			ZATION OF NET PRO		
DATE			S REQUIRED, ATTACH A SEI USE & CHECK NUMBER	PARATE SHEET OF PA AMO	
SECTION E					
BANK NAME AND AD	DRESS W	HERE BALANCE IS	DEPOSITED		
ACCOUNT NUMBER					
NAME, ADDRESS ANI	PHONE 1	 NUMBER OF PERSO	ON RESPONSIBLE FOR USE O	OF PROCEEDS	
SECTION F					
SECTION 1					
LOCATION WHERE U	NUSED TI	CKETS ARE KEPT			
COMPLETE. I AM A	AWARE	THAT IF ANY OF	IS REPORT OF OPERAT THE FOREGOING STA		
SUBJECT TO PUNI			CITY	SIGNAT	URE DATE

I CERTIFY THAT I HAVE REVIEWED THIS REPORT AND THAT THE INFORMATION ON THIS REPORT

OF OPERATIONS IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT IF ANY OF THE FOREGOING

^{*} Net Proceeds = Gross Receipts minus Prizes Awarded minus Cost of Deal

SWORN AND SUBSCRIBE	ED BEFORE ME THIS
DAY OF	19
NOTARY PUBLIC	

THIS FORM, IF REPRODUCED, MUST BE COPIED AS ONE COMPLETE PAGE, FRONT AND BACK

Revised 01/01/01 FORM LGCCC 8B-A2